

 **Proposer's Details**

Name

Address of premises (with Geo coordinates, if available):

City		Country	
Street	Building	Floor/Office number	P.O. Box.

 **Company Characteristics**

Sector / Nature of business (activity)

Turn over (please tick the relevant box)

- Less than 1 million (AED)
- Between 1 and 5 million (AED)
- Between 5 and 10 million (AED)
- Between 10 and 20 million (AED)
- Between 20 and 35 million (AED)
- More than 35 million (AED)

No of Employees / Annual Turnover

 **Contact Details**

Company's authorised signatory name:

Designation	Email
Landline	Mobile

 **Risk Details**

Age of building  < 15 YRS  >= 15 YRS

Does the company occupy more than 1 building?  Yes  No

Number of employees performing manual work:



## Cover Selection (please tick the chosen option)

Cover	Sum Insured / Limit (AED)			
<b>Compulsory Covers</b>				
Property content	<input type="checkbox"/> 100,000	<input type="checkbox"/> 250,000	<input type="checkbox"/> 500,000	<input type="checkbox"/> 1,000,000
	<input type="checkbox"/> 1,500,000	<input type="checkbox"/> 2,000,000	<input type="checkbox"/> 2,500,000	
Employers liability	<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 2,500,000	<input type="checkbox"/> 5,000,000	<input type="checkbox"/> 10,000,000
Workmen compensation (please specify total annual payroll)	Please specify the amount:			
Public liability	<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 2,500,000	<input type="checkbox"/> 5,000,000	<input type="checkbox"/> 10,000,000
<b>Optional Covers</b>				
Portable equipment	<input type="checkbox"/> 10,000	<input type="checkbox"/> 25,000	<input type="checkbox"/> 50,000	<input type="checkbox"/> 50,000
Building	<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 2,500,000	<input type="checkbox"/> 5,000,000	<input type="checkbox"/> 10,000,000
Money in transit (please specify the annual transported cash amount)	Please specify the amounts:			
Office money	<input type="checkbox"/> 10,000			
Fidelity guarantee (capital covered per insured)	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000		
Personal accident (capital covered per insured)	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000		
Computer breakdown - material damages	<input type="checkbox"/> 100,000	<input type="checkbox"/> 250,000	<input type="checkbox"/> 500,000	
Personal effects - customers	<input type="checkbox"/> 5,000	<input type="checkbox"/> 10,000	<input type="checkbox"/> 15,000	<input type="checkbox"/> 25,000
Stock	<input type="checkbox"/> 40,000	<input type="checkbox"/> 100,000	<input type="checkbox"/> 200,000	<input type="checkbox"/> 400,000
Business interruption rent and icow	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000	<input type="checkbox"/> 250,000	
Business interruption loss of gross profits	<input type="checkbox"/> 200,000	<input type="checkbox"/> 500,000	<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 10,000,000
Machinery breakdown	<input type="checkbox"/> 100,000	<input type="checkbox"/> 250,000	<input type="checkbox"/> 500,000	<input type="checkbox"/> 1,000,000
D&O	<input type="checkbox"/> 100,000	<input type="checkbox"/> 250,000	<input type="checkbox"/> 500,000	<input type="checkbox"/> 1,000,000
Product liability	<input type="checkbox"/> 100,000	<input type="checkbox"/> 250,000	<input type="checkbox"/> 500,000	<input type="checkbox"/> 1,000,000
Professional indemnity	<input type="checkbox"/> 100,000	<input type="checkbox"/> 250,000	<input type="checkbox"/> 500,000	<input type="checkbox"/> 1,000,000
Goods in transit (annual transported amount)	<input type="checkbox"/> <500,000	<input type="checkbox"/> <2,000,000	<input type="checkbox"/> <5,000,000	<input type="checkbox"/> >=5,000,000



## Annexure

Portable Equipment Details	#	Make	Model	Year of Purchase	Value
	1				
	2				
	3				
	4				
	5				

Name of the employees covered by Personal Accident Benefit	#	Designation + First Name + Last Name
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	11	
	12	
	13	
	14	
	15	
	16	
	17	
	18	
	19	
	20	

Name of the employees covered by Fidelity Guarantee Benefit	#	Designation + First Name + Last Name
	1	
	2	
	3	
	4	
	5	



## Other Insurance Requirements

I would like to receive information regarding

Healthcare insurance

Liability insurance

Motor fleet insurance

Cargo insurance

Other insurances: Please specify



## Disclaimer

This application will be processed only if the same is duly filled, signed by the authorized person and a copy of the trade license / company registration is attached. This application form is a non-binding document subject to review by GIG. Please refer to the policy booklet for full terms conditions and exclusions.

Company Name

Policy target inception date

Signature (company's authorised signatory name)

Please use additional sheets if the space supplied is not sufficient.